

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO:

FILING DATE

APPLICANT/IN

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3							53						
4		3					54						
5		0					55						
6		0					56						
7		0					57						
8	1						58						
9		0					59						
10		0					60						
11		0					61						
12		0					62						
13		0					63						
14		0					64						
15		0					65						
16		0					66						
17	1						67						
18	1						68						
19		1					69						
20		1					70						
21		1					71						
22		1					72						
23	1	1					73						
24		1					74						
25	1						75						
26	1						76						
27		1					77						
28		1					78						
29							79						
30							80						
31							81						
32							82						
33							83						
34	1						84						
35		1					85						
36		1					86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	34		↓			↓			↓			↓	
TOTAL DEP.	16		←			←			←			←	
TOTAL CLAIMS	19												